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February 22, 2013

The Honorable Toni Harp and Toni Walker, Co-Chairs, and Members
Appropriations Committee
Room 2700, Legislative Office Building
Hartford, CT 06106

RE: Governor's Budget Proposal for Step Therapy in State Pharmacy Program

Senators Harp, Representative Walker and Members of the Appropriations Committee:

The Arthritis Foundation has several concerns about a proposal in the Governor's budget to impose step therapy on the State Pharmacy Program and its impact on people with chronic, disabling diseases, such as arthritis.

Doctor-diagnosed arthritis affects one-fourth or 654,000 of our state adult population, according to the Centers for Disease Control and Prevention (CDC).¹ CDC also estimates that arthritis affects 3,400 children in our state.²

Step therapy is a practice that insurers use to control costs by requiring patients to fail less expensive treatments before receiving more expensive treatments.

The Arthritis Foundation has no issue with requiring those newly diagnosed to fail preferred medications before trying non-preferred medications, where such sequencing is in concert with published medical guidelines for best practices for disease control. For instance, in arthritis, the American College of Rheumatology published guidelines for recognized therapies and recommended sequencing of therapies

We do have concerns about the following practices sometimes used in step therapy requirements in commercial insurance and urge that these requirement not be imposed on the state's Pharmacy Program,:

1. Patients should not be required to fail more than once ever a particular medication. Some commercial insurers require patients to re-fail a therapy after a specific time period, for example, every 180 days.
2. Requirements for physicians to document failure on a preferred medication or to override step therapy mandate for a particular patient should be clear and convenient. The state's Pharmacy and Therapeutic Committee has worked diligently to make the prior authorization process quick and simple. The same approach should be used for documentation required for step therapy.
3. Those stable on a therapy should not be required to switch to a preferred drug and fail it before getting back on a therapy that meet established criteria for disease control. Since the state's preferred drugs list can change at least once per year, this puts patients at risk for losing disease control. Our state's Pharmacy and Therapeutics Committee has in the past grandfathered those stable on an existing therapy in the interest of maintaining disease control.

Thank you for your consideration.

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¹CDC, Division of Adult and Community Health, 2010 (cdc.gov).

²Sacks J, Helmick CG, Luo YH et al. Prevalence of and annual ambulatory health care visits for pediatric arthritis and other rheumatologic conditions in the United States in 2001-2004. ArthRheum (Arthritis Care and Research) 57:8 1439-1445 2007